

Draft Minutes

Mental Health Services Act (MHSA) Government Partners Meeting

Date: February 25, 2008 10:00 am – 12:30 pm

Location: California Mental Health Directors Association (CMHDA) 2125 19th St, Sacramento

Participants:

- Oversight and Accountability Commission (OAC): Wes Chesbro, Sheri Whitt
- California Mental Health Directors Association (CMHDA): Patricia Ryan, Stephanie Welch
- California Mental Health Planning Council (CMHPC): Ann Arneill-Py, Walter Shwe
- California Department of Mental Health (DMH): Stephen Mayberg, Carol Hood, Denise Arend

Guests: DMH: Emily Nahat, Mike Borunda and John Lessley

Center for Collaborative Policy, Sacramento State: Susan Sherry (facilitator); Sue Woods (notes)

Agenda Item	Discussion	Recommendations
Overview and Business Items	Group decided not to discuss Item 5, Innovation Program, because OAC is reconvening their workgroup to provide more input on whether to have focus areas.	January 11, 2008 meeting minutes were approved.
Report on MHSA Complaints and Investigations Process Staff Work Group	<ul style="list-style-type: none"> • DMH's Mike Borunda presented initial project planning document. (See Attachment A.) • This work needs to be done in a larger context. Include an analysis of existing vehicles and statutes for complaints/ investigations and what that means for this effort. 	<ul style="list-style-type: none"> • Staff work group on this topic not a decision making body -- only a coordinating body. Stakeholders need to be included/ involved from very beginning and any product should be widely vetted. • Designees to serve on DMH's staff work group: <u>CMHPC</u> Shwe; <u>Arneill-Py</u> <u>OAC</u>: Gayle; <u>Whitt</u>. <u>CMHDA</u>: Welch; Ryan • Staff work group to put together a draft process for this effort for review by Gov't Partners on 4/7/08.
Stakeholder Participation Issues	<ul style="list-style-type: none"> • The public has requested two meetings a month to better understand issues that Government Partners are addressing: a conference call and an in-person meeting. The first call-in meeting went well. • Monthly meetings will be scheduled for the first Wednesday of each month. • The DMH public meeting on February 27 will include 50 representatives of mostly underserved communities. Primary topic is input to improve and clarify MHSA stakeholder processes. 	<ul style="list-style-type: none"> • Results of the March 5th monthly stakeholder meeting will be provided at the next Government Partners meeting. • Results of the DMH stakeholder needs assessment and the Feb. 27th public meeting will be provided at the next Government Partners meeting.

<p>County and State Administered Projects</p>	<p>Government Partners debriefed on their 2/21/08 presentation to OAC on MHSA statewide and regional program implementation. (See Attachment B for Power point presentation.) One goal of the presentation was to explain to OAC the challenges of implementing state administered projects, especially for Prevention and Early Intervention. OAC discussion focused on how to move forward given challenges regarding implementation options.</p> <p><u>PEI Project Implementation</u></p> <ul style="list-style-type: none"> • CMHDA will be reviewing Government Partner staff analysis on PEI implementation and taking action at their 3/12/08 CMHDA Board meeting. CMHDA actions go to Gov't Partners 4/7/08 meeting. After discussion, recommendations brought to April OAC meeting. Areas of agreement and disagreement among Gov't Partners will be noted for OAC. • CMHDA expressed that Suicide Prevention and Student Mental Health have specificity and have been well vetted with stakeholders but other programs (Stigma; Training/TA; Ethnic/ Cultural) not vetted so well. CMHDA noted that this may be the reason why these programs should be locally administered. • Concern expressed by OAC that training and TA should not be held up. Counties now are asking for help. <p><u>Workforce Education and Training</u></p> <ul style="list-style-type: none"> • Gov't Partner Staff WET working group reported on their preliminary recommendations (see Attachmt C): #1: RFP is posted. Deadline mid-April #2 and # 3: Recommendation as written. #4 through #7: All State-administered programs, but need more vetting with Counties. In addition to the state administered program, counties should be allowed do loan assumption programs with their own funding. #8 through #11: Wait on these programs until receive more input from Counties on local needs. • Each of Government Partners staff will bring staff recommendations back to their organizations for further discussion. • Outstanding Issues: 1) How much more money to dedicate to local level? 2) How much money set aside for state administered programs 	<ul style="list-style-type: none"> • Goal is to bring PEI and WET statewide and regional program implementation recommendations to the April 24-25 OAC meeting in Bakersfield for action. PEI will be brought to OAC for action and WET programs for information. • Emily Nahat will provide staff descriptions of PEI programs to CMHDA. . • Staff to continue work on preliminary WET recommendations including how to obtain additional stakeholder input, if needed, and how to implement. Will be discussed at April 7 Gov't Partner meeting. • Decision-making process: After Government Partner review, proposals go to each entity with decision-making authority for that component.
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	<p><u>Timeline & Process Flowcharts</u> (See Attachment D-1 and D-2)</p> <ul style="list-style-type: none"> Statewide-Administered Flow Chart: Only applicable if choice is made to administer a program at state level. We need to reassess for each project. This chart is not useful in current discussions on PEI implementation. 	<p>Attachment D-1 accurate as shown (Flowchart for Local and Regionally Administered Programs – Buff Color)</p> <p>Attachment D-2 accurate as shown (Flowchart for State-Administered Programs – Blue color)</p>
Innovation Program: Do We Want Focus Areas?	<ul style="list-style-type: none"> Innovation Programs were not discussed at this meeting as it is now in the hands of the OAC. Comments from OAC representatives: 1) The OAC discussed Innovation Programs at their February meeting. If there are focus areas, it will be via a stakeholder process; 2) The OAC's Innovation Committee will be addressing these issues. 	<p>Report from OAC will be provided at the April or May Government Partner meetings.</p>
Next Meetings	<ul style="list-style-type: none"> Government Partner Participants will have the option to call in to future GP meetings. Desire to shorten the GP meetings. 	<p>Next meeting dates:</p> <ul style="list-style-type: none"> April 7th, 2pm-4:30 pm May 5th, 2pm-4:30 pm <p>Both meetings will be held at Center for Collaborative Policy, 815 S Street.</p>

ATTACHMENT A: February 25, 2008 Draft, Government Entities MHSA Complaint/Grievance Process Initial Planning Outline

Executive Sponsor: Michael Borunda

Project Lead: John Lessley

Work Group Members: Sherri Whitt, Linford Gayle, Walter Shwe, Ann Arneill-Py, Stephanie Welch, Michael Borunda, John Lessley

Summary:

We are convening a work group to develop recommendations to respective government entities for a complaint and grievance process to be used for the Mental Health Service Act (MHSA). The work group will initially consist of one to two members of each government entities: California Department of Mental Health (DMH), California Mental Health Directors Association (CMHDA) the California Mental Health Planning Council (CMHPC), and Mental Health Services Oversight and Accountability Commission (MHSOAC). This product-oriented work group will not be established as a long-term standing committee.

Background:

Government entities (DMH, CMHDA, CMHPC, and MHSOAC) sometimes receive complaints or grievances from clients, family members and other stakeholders about their involvement in the MHSA planning process, access to MHSA services, and consistency between MHSA implementation and approved Plans. The government entities acknowledge that each entity has separate statutory responsibilities and obligations. Current statute and regulations do not identify a process and resolve complaints or grievances, although the Welfare and Institutions Code (WIC) does provide general direction and authority for the MHSOAC, CMHPC, and DMH related to county performance. (Please refer to the attachment for statutory citations.)

Initial Work Group Project Plan

Week of Feb. 25: Identify members of work group and date for first meeting

Week of March 3: Send out agendas and materials for first meeting

Week of March 10: Convene initial meeting

Objectives for First Project Meeting

1. Develop the work group charter, including goals and objectives for the project
2. Agree on the format and frequency of meetings
3. Identify who else needs to be involved in the work group
4. What steps are needed to develop a process?
5. What are the roles of each government entity in a complaint/grievance process (in law or elsewhere)?
6. Refine scope of project. What types of complaints will be addressed? Identify and define the stakeholder process to be used in obtaining input during this process.
7. Identify next meeting date(s)

WIC Section 5845. Establishment of Mental Health Services Oversight and Accountability Commission; member compensation; authority

5845(d)(7). *"If the Commission identifies a critical issue related to the performance of a county mental health program, it may refer the issue to the Department of Mental Health pursuant to Section 5655."*

(Please note that since these provisions were established by the MHSA Initiative, they were intended to apply in the context of the MHSA, not other mental health services.)

WIC Section 5772. Powers and duties of mental health planning council

5772(d). *"When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Mental Health shall investigate and review the finding, and report the action taken to the Legislature."*

Both the MHSOAC statute and the CMHPC statute reference WIC Section 5655, which dates back to the Statutes of 1971. It references the Short-Doyle plan, which counties needed to submit in order to receive their Short-Doyle allocation. This planning and fiscal process was superseded by Realignment in 1991.

WIC Section 5655. Cooperation with county officials; failure to comply with code or regulation; order to show cause; sanctions. Added by Statutes of 1971.

"All departments of state government and all local public agencies shall cooperate with county officials to assist them in mental health planning. The State Department of Mental Health shall, upon request and with available staff, provide consultation services to the local mental health directors, local governing bodies, and local mental health advisory boards."

If the Director of Mental Health considers any county to be failing, in a substantial manner, to comply with any provision of this code or any regulation, or with the approved county Short-Doyle plan, the director shall order the county to appear at a hearing, before the director or the director's designee, to show cause why the department should not take action as set forth in this section. The county shall be given at least 20 days' notice of such hearing. The director shall consider the case on the record established at the hearing and make final findings and decision."

If the director determines that there is or has been a failure, in a substantial manner, on the part of the county to comply with any provision of this code or and regulations or the approved county Short-Doyle plan, and that administrative sanctions are necessary, the department may invoke any, or any combination of, the following sanctions:

- (a) Withhold part or all of state mental health funds from such county.*
- (b) Require the county to enter into negotiations for the purpose of assuring county Short-Doyle plan compliance with such laws and regulations.*
- (c) Bring an action in mandamus or other such action in court as may be appropriate to compel compliance. Any such action shall be entitled to a preference in setting a date for a hearing."*

ATTACHMENT B: MHSA Statewide and Regional Programs, February 21, 2008

BEGIN ATTACHMENT B

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MHSA Statewide and Regional Programs

February 21, 2008

CMHDA, OAC and DMH

Presentation

- GOAL—discuss current understanding of statewide and regional programs.
- AGENDA
 - Review applicable statutory, regulatory and contractual provisions
 - Describe processes for distribution of funding
 - Provide draft principles for statewide/regional programs
 - Provide staff recommendations for implementation of Student Mental Health Initiative
 - Provide staff recommendations for process for other proposed projects

Distribution of Funding

Local Programs

- DMH develops county planning estimates with input from CMHDA
- DMH develops guidelines for content of plans and plan updates
- Counties obtain stakeholder input, develop plan, have stakeholder review and submit to state
- Approval of Expenditures
 - DMH for Community Services and Supports, Workforce Education and Training, Capital Facilities and Technological Needs
 - OAC for PEI and Innovation
- DMH contracts with counties

Definitions

- State administered
 - DMH to administer the project, typically through contract or Interagency Agreement
- Statewide
 - Intent is for a program to be available throughout the state
- Regional
 - Services are available to specified counties within a geographic region
- Assignment
 - Formal process of a county providing their funding back to the state. (Counties could also contract directly with each other or jointly with another entity.)

Regardless of mechanism, all programs/projects funded with MHSA resources must be consistent with guidelines developed by responsible government entities with input from stakeholders

Applicable MHSA Provisions

- The DMH shall implement the mental health services provided by Parts 3 (*Adult/Older Adult SOC-CSS*), 3.6 (*PEI*) and 4 (*Children's SOC-CSS*), of this Division through contracts with county mental health programs or counties acting jointly. (WIC 5897)
 - Requirement to contract with counties not applicable to Workforce Education and Training.
- Two or more counties acting jointly may agreed to deliver or subcontract for the delivery of such mental health services. (WIC 5897(b))
- Local plans and updates are developed with local stakeholders and are subject to 30 day local stakeholder review. (WIC 5848)

CSS Program

Statewide Implementation

- MHSA Housing Program—State Administered
 - DMH and the California Housing and Finance Agency (CalHFA) partner with counties to expand permanent supportive housing for people with mental illness who are homeless or at risk of homelessness. Initial investment is \$400M.
 - Counties have been provided letters of assignment and with their stakeholders are currently considering participation in this program.

PEI Programs Proposed for Statewide Implementation

- Student Mental Health Initiative
 - \$15M/year for 4 years
- Suicide Prevention--\$10M/year for 4 years
 - Additional \$500K/year for 2 years
- Stigma and Discrimination--\$15M/year for 4 years
 - \$5M/year for empowerment for adults
 - \$10M/year for public education
- Technical Assistance and Training of Partners-
 - \$6M/year for 4 years
- Ethnic and Cultural Specific Programs
 - \$15M/year for 4 years

Workforce Education and Training Statewide Projects Proposed

- Client and Family Member Technical Assistance Center
- Regional Partnerships
- Distance Learning
- Stipends
- Physician Assistant
- Psychiatric Residency
- Loan Assumption
- Model Programs—client and family member employment, developing leaders, train the trainers

Statewide/Regional Programs Implementation Options

- State Administered
- Lead county/counties
- Local programs developed consistent with specific planning estimate and focus in guidelines

Assumption—statewide/regional projects would be relevant to all applicable counties.

Statewide/Regional Programs

- Funding is from components
 - 5% state administration funding is not used for direct services
- CSS and PEI
 - Counties are provided planning estimates
 - Need local stakeholder input and review of plan
 - Funding for statewide/regional programs must be assigned by counties to DMH or transferred from one county to another through contract or other local mechanism.
- Workforce Education and Training component funding
 - Counties are provided planning estimates
 - Does not require assignment for state administered projects.
 - For regional programs, each county must formally agree that their funding be transferred by DMH to lead county. Need local stakeholder input and review of plan.

Assignment

- Counties need to obtain Board of Supervisor approval (may be delegated) to dedicate some of their local funding to a state level project.
 - Local Considerations
 - Local stakeholder planning and review processes required
 - Benefit to local community, as well as statewide public mental health system
 - Some counties may choose to not participate
 - State Considerations--If county chooses to not participate
 - Will the funds be available for other local purposes?
 - Will services of statewide program be available to those communities?
 - Will sufficient funds be assigned to make project feasible?

Draft Principles

When To Develop Statewide/Regional Programs

- State administration is more efficient
 - Coordination with another state department
 - Service delivery system is not county based
- Collective leadership is essential to develop pilot programs
- Single state program is critical
- Desire broad impact on California

Draft Principles

When To Develop Statewide/Regional Programs (Cont.)

- Strategies must be consistent with the statute
- Contributes to cost effective implementation and efficiency in service expansion to our communities
- Must represent best practices and promote efficient dissemination of these practices
- Must have performance and outcome criteria developed in advance of implementation
 - Mechanism for timely termination of ineffective programs is developed
- Must meet financial sustainability and leveraging criteria
- Need to reach local communities in a timely manner and include local stakeholder participation
- For CSS and PEI, each county has a choice whether to participate in the statewide/regional programs.

State Budgeting

- State Budget Terminology
 - State Operations—funding to pay for the functions of state government
 - Local Assistance Funding—funding provided to benefit counties and their residents
- State Budget Requirements
 - Payments to counties are continuously appropriated (available) and are not subject to state budget process.
 - Any other expenditures by DMH must be in the approved state budget.
 - Administrative costs for DMH
 - Administrative costs for other state departments
 - Funds assigned back to the state for state administered programs.

Student Mental Health Initiative (SMHI) Options—Staff Analysis

- Higher Education—Community Colleges, CA State Universities and University of CA (\$8M/year)
 - Competitive process at state level
 - Requires county assignment of funds to state
- K-12--\$5.5M/year (plus \$0.5M for evaluation)
 - Option 1--Competitive process at state level
 - Option 2—Provide funding to locals for specified purpose
- Technical Assistance and Evaluation Components
 - Combine with larger TA efforts?
- Next Steps
 - DMH continue development of RFPs
 - Further input from OAC, counties and DMH on options

SMHI--Staff Analysis

Kindergarten through 12th Grade

State Level Competitive Process

Pros

- Aligns with initial approach
- Could have wider impact
- Efficient
- Plan review easier
- Evaluation less complex

Cons

- Not sustainable
- Every community may not benefit
- Doesn't build local relationships
- Hard to ensure consistency

SMHI--Staff Analysis

Kindergarten through 12th Grade

Local Implementation

Pros

- Strengthens relationships
- More sustainable
- Can leverage Medi-Cal
- Links with other local PEI projects
- Impact in every community
- Evaluation coordinated with other local projects

Cons

- Change from stakeholder input and initial decision
- Not as efficient
- Less statewide impact
- Evaluation more complex
- Could be unviable, due to small planning estimates

Staff Recommendation: Next Steps

PEI Proposed Statewide Projects

- Suicide Prevention—State Administered
 - Complete strategic plan
 - Investments consistent with plan
- Stigma and Discrimination
 - Empowerment—move forward with state administered
 - Public education
 - Summarize existing research
 - Identify decisions to be made—target audience, objectives, methods, etc.
 - Convene stakeholders to develop implementation plan

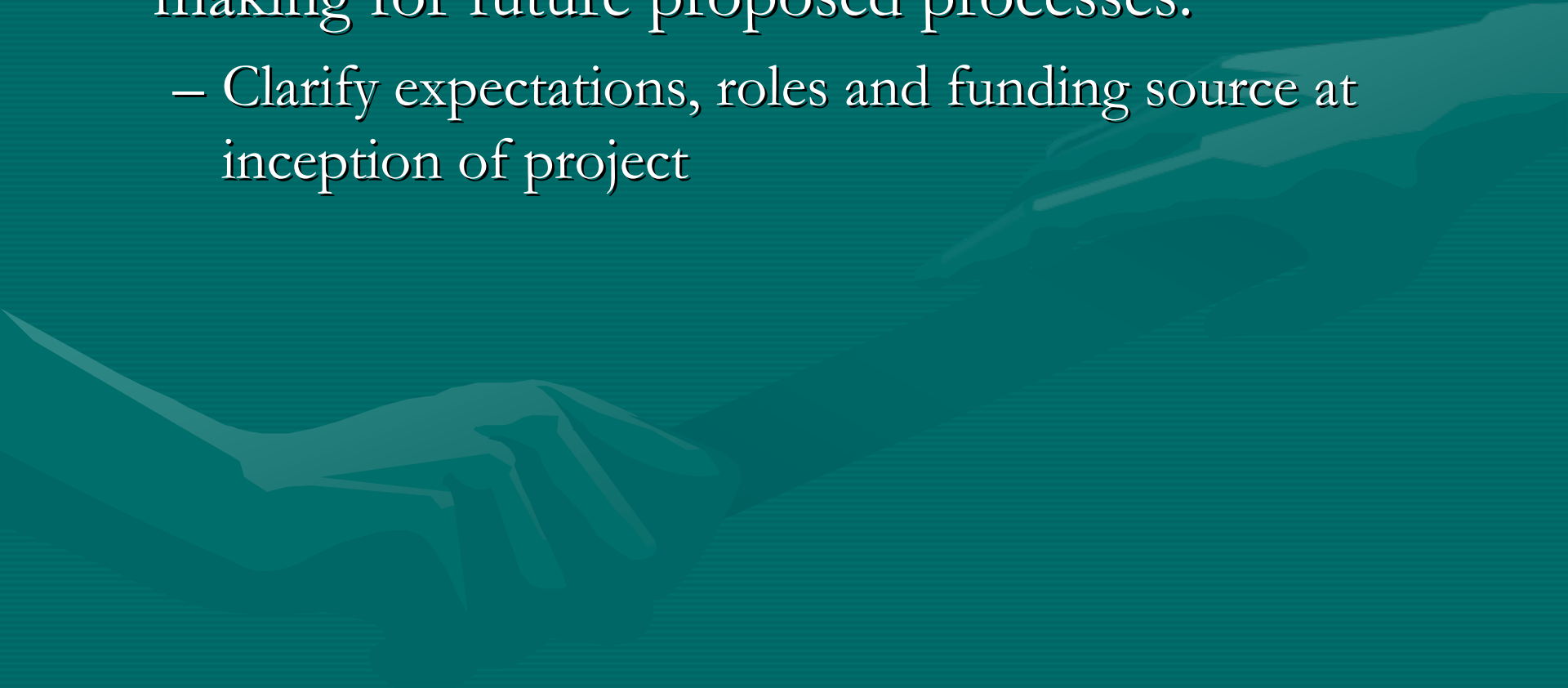
Staff Recommendation: Next Steps

PEI Proposed Statewide Projects

- Technical Assistance and Training
 - Proceed with state administered project focused on partnerships in prevention between counties and education, law enforcement, and primary healthcare.
- Ethnic and Cultural Specific Programs
 - Develop a strategic plan for use of the resources
 - Driven by the communities it's intended to serve
 - Expand capacity of underserved/unserved ethnic/cultural communities to fully participate

Future Processes

- DRAFT process developed to guide decision-making for future proposed processes.
 - Clarify expectations, roles and funding source at inception of project



Summary

- Counties design MHSA plans based on stakeholder input.
- Decision-making on financing is interdependent, i.e, no one entity has sole authority.
 - Either OAC or DMH has approval of expenditures
 - Each county can choose whether to participate in statewide/regional project (for CSS and PEI)
- Design and implementation of statewide/regional projects must consider this shared governance from inception

ATTACHMENT B: MHSA Statewide and Regional Programs

END ATTACHMENT B

ATTACHMENT C: “Staff Recommendations on Implementation Strategies, Workforce Education and Training Stakeholder Recommendations For Statewide/Regional Level Programs 2/15/08”

	Stakeholder Recommendation	DMH Proposed Implementation Strategy	Expected Start Date	Estimated Funding	CMHDA, CMHPC, OAC and DMH Staff Recommended Next Steps
1.	Client Family Member Statewide Technical Assistance Center	Fund as soon as competitive process is completed.	FY 07/08	\$800k/year	State Administered, Competitive (RFP Released by DMH)
2.	Regional Partnerships Staffing Support	Directly fund host counties based on CMHDA recommendations.	FY 07/08	\$2.5m/year	Local funding of regional collaboratives, need county specific planning estimates, plan update guidelines
3.	Distance Learning - Convert 5 MHSA Topics to E-learning	Fund as soon as competitive process is completed.	FY 07/08	\$1.6m one-time	State Administered, Competitive (RFPs under development/ review)
4a.	Stipend Programs – Social Workers	Continue funding CalSWEC	ongoing	\$5.8m/year	State Administered through Interagency Agreement, reevaluate future funding levels. Ensure programs meet county needs.
4b.	Stipend Programs—MFT, Psych Nurses, Psychologists	Fund as soon as competitive process is completed.	FY 08/09	\$4.2m/year	State Administered through contracts awarded through competitive process.
5.	Psychiatric Residency Programs	Fund as soon as competitive process is completed.	FY 08/09	\$1.35m/year	State Administered through contracts awarded through competitive process. Address need for programs to ensure geographic representation.
6.	Physician Assistant Programs	Move forward w/ program planning with OSHPD	FY 08/09	\$450k/year	Move forward in FY 08/09 with OSHPD who will competitively contract for this resource to start in FY 09/10.
7.	Loan Assumption Programs	Explore options for partnerships with governmental and private entities	FY 08/09	\$10m/year	Move forward with OSHPD for their current maximum capacity of \$2.5M for licensed professionals. Obtain recommendations from CMHDA, OAC and CMHPC on next steps to expand this capacity to other staff at statewide level. Allow counties to establish their own loan assumption programs with local funding, consistent with statewide guidelines.
8.	Client Employment Preparation Programs	Analyze local plans to determine if supplemental state/regional effort is needed	Pending analysis	\$2m annually, if needed	Obtain further guidance from DMH on parameters. Reconvene stakeholders from workgroup to provide input.

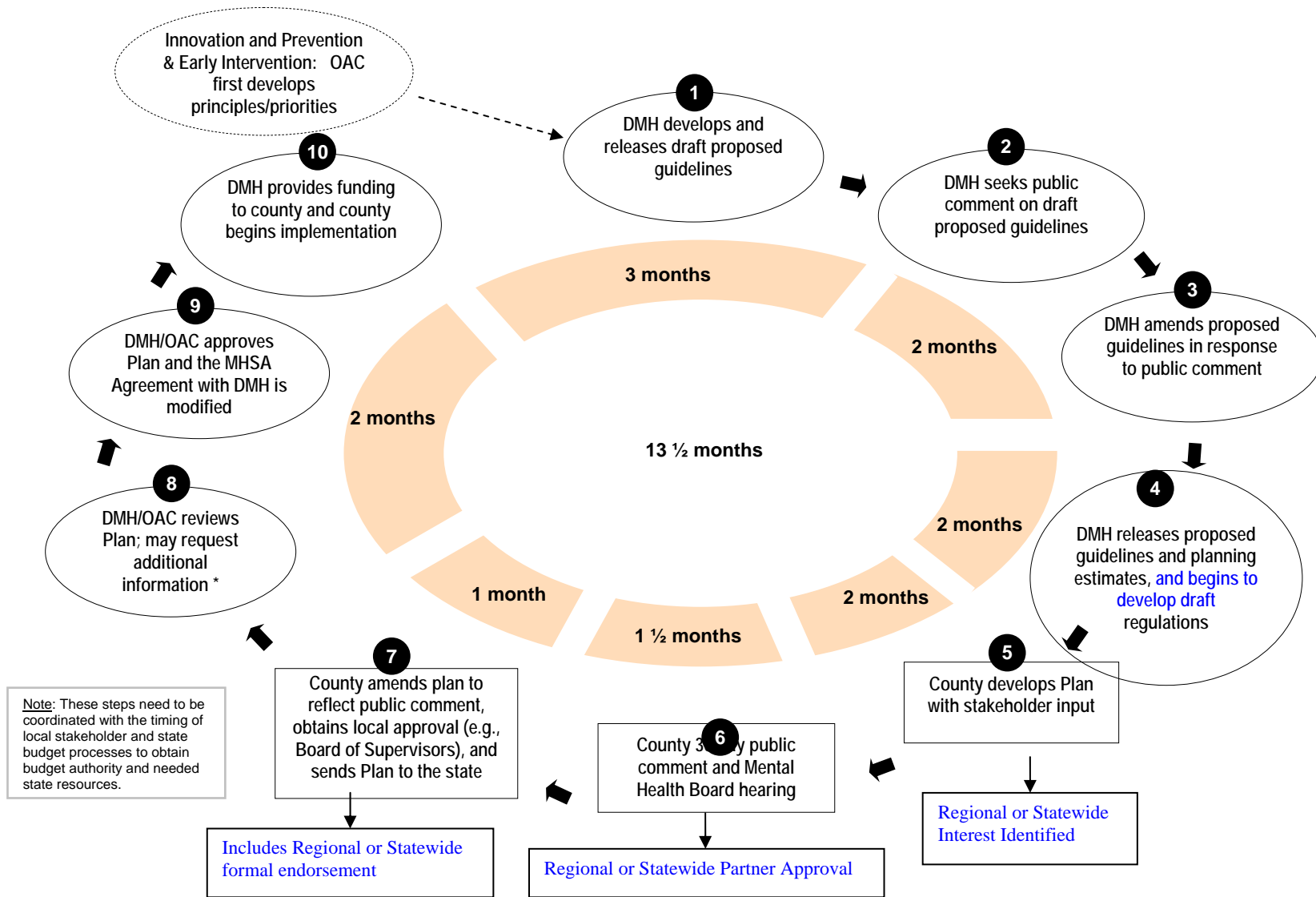
9.	MH Career Pathway Programs	Analyze local plans to determine if supplemental state/regional effort is needed.	Pending analysis	\$1.35m annually, if needed	Obtain further guidance from DMH on parameters. Obtain input from CMHDA, OAC and CMHPC on their needs. Reconvene stakeholders from workgroup to provide input.
10.	Developing Leaders	Analyze local plans to determine if supplemental state/regional effort is needed.	Pending analysis	\$350k annually, if needed	Obtain further guidance from DMH on parameters. Obtain input from CMHDA, OAC and CMHPC on their needs. Reconvene stakeholders from workgroup to provide input.
11.	Developing Trainers	Analyze local plans to determine if supplemental state/regional effort is needed.	Pending analysis	\$350k annually, if needed	Obtain further guidance from DMH on parameters. Obtain input from CMHDA, OAC and CMHPC on their needs. Reconvene stakeholders from workgroup to provide input.

Additional Staff Recommendations

- Proposed Funding levels
 - For all financial incentive programs, begin at proposed level but determine if funding level is sufficient for future
 - For regional programs, CMHDA will evaluate if proposed \$2.5M is sufficient to establish effective regional infrastructure. If changes are recommended (within overall \$100M dedicated to state administered programs) CMHDA will propose such changes to DMH.
 - Recommendations regarding additional local and state administered program will be made at Fiscal Subcommittee of Government Partners.

ATTACHMENT D-1: DRAFT TIMELINE: Mental Health Services Act (Prop. 63) Process to Commence Funding for County-Administered Services

Prepared by the California Department of Mental Health (DMH)



* Innovation and Prevention & Early Intervention components: DMH reviews and comments, and the OAC reviews and approves county plans.

